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ABSTRACT

This paper focuses on the causes, consequences and prevention of the alarming number of pregnancies among black teenagers. Teenage pregnancy is a symptom of the failure to have one's basic spiritual, intellectual/emotional, and physical needs met. Unmet infantile needs cause adolescents to search for romantic relationships in which they can gratify those needs and make up for a lack of nurturing between their mothers and themselves. The needs remain unmet because such early liaisons are not conducive to physical, mental and spiritual growth. Consequences of teenage pregnancy are presented in two interviews with a teenage mother and a teenage father. Preventing teenage pregnancy requires meeting adolescents' needs by teaching them respect for authority, responsibility, how to develop selective friendships, how to become giving persons, and how to develop a positive self-image. Toward this goal an interrrelated program is presented with various plans of action that focus on the roles of the following: (1) family; (2) parents; (3) community; (4) peer counselors; (5) private industry; (6) volunteer programs; (7) schools; (8) the religious sector; (9) prevention programs by and for men; and (10) the media. Included are some casework aids in reaching and working with unmarried fathers. (PS)

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by
Leo E. Hendricks, Ph.D.
and
Teresa A. Montgomery, MSW

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About the Author

Leo E. Hendricks is Graduate Associate Professor of Urban Studies and Senior Research Associate at the Institute for Urban Affairs and Research at Howard University. He received his Ph.D. in Epidemiology from the University of North Carolina-Chapel Hill. He writes and lectures frequently on the topic of reproductive epidemiology.

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Introduction

Although teenage pregnancy is not a Black problem per se (Wright, 1980), the fact is that a disproportionate number of pregnancies involve Black teenagers (Ventura, 1977; Zelnik, et al., 1979; Dryfoos, 1985). Yet literature on the subject indicates that there have been few efforts that attend specifically to the cause, consequences, and prevention of Black teenage pregnancy from the vantage point of the young male and female. Therefore, this occasional paper is put forth as part of a first step to alleviate this troublesome gap in the literature. To achieve the purpose of this paper, the authors will rely on their experience both as researchers and as human service practitioners. More broadly then, the approach to this paper will be both scientific and philosophical.

Even though teenage pregnancy is a serious problem and has huge consequences for both the young Black mother and father, there do not appear to be any significant strides in solving this problem , if the amount of literature on this subject is any indication. For example, a recent publication has noted that the statistics for teenage pregnancy have remained stable for a few years: Five million sexually active teens and 1.15 million pregnancies (460,000 abortions; 153,000 estimated miscarriages; and 537,000 births, of which 268,000 were to unmarried mothers). The outcomes with the most significant social consequences are the pregnancies that result in early out-of-wedlock births, occurring primarily among disadvantaged youths in inner cities or rural poverty areas (Dryfoos, 1985). While there is no apparent

consensus on this issue, the thinking regarding the failure either to solve the problem or to reduce the incidence of teenage pregnancy in general and Black teenage pregnancy in particular is that this failure has come about because the tendency of practitioners has been to deal with teenage pregnancy as a state to be avoided rather than as a symptom of an underlying causal factor.

Not all practitioners, however, share this view. For example, some have observed that teenage pregnancies are attempts to ward off depression and loneliness (Jekel, 1975). In a similar view, some anecdotal data revealed that a select group of practitioners think that teen pregnancy among young Black females is a response to several factors, namely to: (1) low self-esteem or a need to be recognized; (2) a lack of love and the need to have a baby to fill the void; and (3) cultural pressure on Black women to have children and thereby fulfill their womanly role. Furthermore, another investigator, while writing about minority youths, has pointed out that the problem of teenage parenthood can be viewed as a symptom of the lack of options available to poor youngsters who are disproportionately members of minority groups (Dryfoos, 1985). Consistent with the tone of these observations, the authors think that teenage pregnancy among Blacks and other ethnic groups as well is a symptom of the failure to have one's basic human needs met.

Let the authors explain what they mean by basic human needs. Towle (1965) has written that, in general, there is a need to be well fed, properly clothed, and adequately housed as a basis for both physical and mental health. She also pointed out the need

for educational, recreational, and religious opportunities under conditions conducive to the furtherance of physical, mental, and spiritual growth. Mentioned also by Towle was the need for satisfying human relationships as a basis for physical, mental, and spiritual well-being. Similarly, Maslow (1954) has posited that one's basic needs include: physiological needs, safety needs, belonging and love needs, a need for social esteem, and a need for self-actualization. Further, Nicholds (1960) has indicated that four basic needs are common to all humanity: the need for affection, the need for security, the need for achievement, and the need for acceptance in a group. What, then, are the basic human needs for which each of us is striving in one way or another to find satisfaction? Taking into consideration Towle (1965), Maslow (1954), and Nicholds (1960), the authors would posit that three basic needs are common to all humanity: spiritual, mental, and physical.

All too often, however, the spiritual needs of an individual are neglected. The truth of the matter is that a person is just as much a spiritual being as he or she is a mental or physical being. Literally, a person does not live by bread alone. Demoralization and disintegration of the individual are prevented, in part, through an opportunity to work and to take one's place in the community. But the spiritual needs of the individual must also be recognized, understood, and respected. They must be seen as distinct needs and they must also be seen in relation to one's mental and physical needs. This entails safeguarding and encouraging church attendance, the use of church resources, and, in human conduct problems, respect for the individual's religious

convictions. Through the influence of religion, the purpose of human life is better understood and a sense of ethical values is achieved. With that understanding comes a keener appreciation of the individual's relationship to his fellow man, his community, and his nation. The need for religious influence (and for most Blacks that would be Christianity) is especially acute in childhood and through adolescence, when the individual is likely to require definite guidance and supportive judgments to help him or her toward becoming an emotionally mature adult (Towle, 1965).

The point we are making here is that unmet infantile needs and drives may lead to excessive dependency or hostility on the part of the adolescent. This sort of behavior causes the adolescent to search for different types of relationships whereby he or she may seek to gratify unmet needs. More often than not, the relationship is a romantic liaison where the young male and female attempt to compensate for the lack of nurturing between their mother and themselves. Although one may find some temporal satisfaction in this kind of relationship, for the most part, however, the adolescent's needs continue to be unmet because these early romantic liaisons tend not to be conducive to the furtherance of physical, mental, and spiritual growth.

Factors Associated with Black Teenage Pregnancy

For those of us who are concerned with the issue of Black teen pregnancy, the import of all this is that various institutions and organizations must make a purposeful commitment to meet the physical, mental, and spiritual needs of Black adolescents if we are to prevent or reduce the gripping consequences that are associated with Black teenage pregnancy.

With much elegance, Gibbs (1984) has summarized these consequences as follows:

> In 1981, a report of the Population Council showed that 83% of babies born to Black teenage mothers were born out-of-wedlock, compared to 33% born to white teens. Since 1960, the overall rate of babies born to nonmarried teenage girls (15-19) has increased from 15.3 per 1000 to 25.4 per 1000 in 1978, but whites account for much of this increase. While the birth rate among Black teenagers in that age group actually declined from 173 per 1000 in 1957 to 99 per 1000 in 1978, the total number of girls of that age increased by more than 20%, resulting in a much greater increase in the total number of births to Black teens.
>
> These are children having children with profound physical and psychosocial consequences for the girls themselves, as well as negative implications for their babies and their families. First, teenage mothers are more likely to drop out of high school, to go on welfare, to have complications in pregnancy, and to experience physical and psychological problems associated with pregnancy than adult women who bear their first child. Moreover, teenage mothers are more likely to have larger families, to experience less occupational stability and economic mobility, and to be less competent and effective as parents. Second, babies born to teenage mothers are more likely to have low birth weight and other prenatal and postnatal problems, more likely to have poor health, and more likely to experience abuse or neglect. Infant mortality rates are highest among teenage mothers and nearly twice as high among Blacks (21.7 per 1000 live births in 1978) as among whites. If they survive, these children tend to be less healthy, less academically successful in school, more likely to grow up in a single-parent, welfare dependent family, and more likely to become single parents themselves. Third, the effects of premature fatherhood on the youthful male partners of these teenage mothers have only recently been of interest to researchers. Several studies have found that, compared to their peers who had not fathered children, these young men were more likely to attain a lower occupational status, to have large families, and to experience unstable marriages.
>
> The impact of these illegitimate births on Black families has yet to be fully understood and documented. However, some sociological studies suggest that children reared in single-parent homes have fewer competent role models and fewer social supports, which, in turn, limits their

> ability to grow up in successfully functioning families, to develop satisfactory heterosexual relationships, and to form stable family units of their own.
>
> In 1980, nearly 44% of Black children under the age of 18 lived in female-headed, single-parent households, half of which were classified as below the poverty level. Thus, the trend toward more Black teenage single mothers may have devastating long-term effects on the structure and functioning of the Black family and, ultimately, on the stability of the Black community (Gibbs, 1984, pp. 10-11).

Some of the consequences that Gibbs (1984) has discussed here may be observed in the following interviews that we conducted with a young Black mother and father.

Mother Interview

When she was 13 months old, Karen's mother gave her away to her great aunt and uncle. Karen refers affectionately to her surrogate parents as "Mom" and "Dad." She described her surrogate mother as an elderly religious woman, who openly communicated with her. "Mom and would often say 'I love you' to each other," she recounted. The same openness was not shared with her surrogate father, who was an alcoholic.

At the time of the interview, Karen lived in the same city as her natural parents. She indicated, however, they were not close. She has nine siblings. Her oldest sister, an unwed mother, also gave birth during her teen years.

At 15 years of age, Karen dropped out of school because her surrogate mother became ill. Because her surrogate father was an alcoholic, the responsibility of caring for her surrogate mother fell on her shoulders. Karen found out during this same period that she was pregnant. Although her surrogate mother's illness and her pregnancy occurred around the same time, Karen claimed

adamantly that she dropped out of school to care for the surrogate mother, and not because of her pregnancy.

Regarding her schooling, Karen stated, "I'm a slow learner, but once I catch on, I progress." She described herself as being a "B" to "C" average student.

When she was three months' pregnant, Karen enrolled in a local Job Corps Program. Her major objective was to pursue her general equivalency diploma and to secure a certificate in diesel mechanics. While participating in this program, she was referred to a clinic for prenatal care. As it turned out, enrollment in this program was a futile effort, since expectant mothers were unable to continue their training after their seventh month of pregnancy.

During Karen's fifth month of pregnancy, her surrogate mother died, and her surrogate father was ill with a colostomy. Once again, the ordeal of caring for a loved one fell on Karen's shoulders. Within ten months of her surrogate mother's death, Karen's surrogate father died.

Karen gave birth to a healthy 6 pound, 9 ounce baby boy. She was in labor approximately three hours and she had no complications. Once discharged from the hospital, Karen was provided with a visiting nurse, who referred her for service assistance.

Karen had been dating her boy friend for approximately one year before she became pregnant. She described their relationship as one of "love." She anticipates marrying the father of her baby, once they become established. Although an "A" student, her boy friend dropped out of school and is presently working as an

assistant to a landscaper. Their backgrounds are similar; both had alcoholic fathers. Therefore, they have pledged that their son will not be subjected to the same environment.

At seventeen, Karen is presently receiving AFDC. Her boy friend, who pays child support, also gives her extra money when it is possible for him to do so. Her baby's parental grandmother, according to Karen, is financially and emotionally supportive also.

Karen, living on her own, is now enrolled in night school as a senior. While in school at night, she employs an elderly woman from her apartment building to sit with her son. Karen's immediate goals are to obtain her high school diploma and to complete a two-week homemaker's training course. Upon completion of her schooling, she plans to terminate her welfare support and secure a full-time job.

Father Interview

John became the father of twins, a boy and a girl, at age 17. Subsequently, he dropped out of school in the tenth grade in an effort to support his children. He admitted openly he was not prepared for this new responsibility. His girl friend had aborted an earlier pregnancy.

Unlike his two children, John was conceived in wedlock, although his parents separated when he was nine years old. So far, John's two brothers have escaped premature single parenthood. His three sisters, however, have not been as fortunate for they are all unwed mothers.

When he was thirteen years old, John became sexually active. He stated that his early sexual involvement was a result of his

being influenced by his friends and older men in the neighborhood. Also, he believed that birth control is primarily the responsibility of the woman.

John and his girl friend were both fifteen years old when they began dating. They are still dating each other at this writing. Both are sharing in the responsibility for raising their children. Although John considers their relationship to be a loving one, he does not plan to marry the mother of his children.

"Taking care of babies can be difficult at any age," said John. Like most parents, he wanted his children to have the best out of life. He said that he would encourage them to stay in school. If they wanted to go to college, however, it would be their decision. But it was his desire that his children should marry before they start a family.

Now nineteen years old, John has been working full-time as a warehouse clerk at a local hardware store. In the evening, he attends night school in pursuit of his G.E.D. John does not plan to go to college. His plans are to continue working at his present place of employment, eventually securing a supervisory position.

More recently, Ladner (1985) has observed the following in regard to the consequences of Black teen pregnancy:

> There is evidence to suggest that many teenage parents today were themselves born to teenagers. In my study of two generations of teenage mothers in Washington, D.C., many women who had children as teenagers are now grandmothers. The youngest grandmother in this study is 29 years old, having given birth at the age of 14. Her daughter, too, had her first child at the age of 14.
>
> The young grandmother phenomenon is a growing trend throughout the nation, a trend that will result in long-term consequences for these women in a variety

of areas, including identity, sex roles and the like. Notably, it is a trend which runs counter to some of the changing roles of upwardly mobile women in the society. For example, as Black females achieve more education and training, they are moving into professional, technical and managerial positions. This new-found economic independence enables them to postpone marriage and childbearing. Becoming a grandmother at the age of 30 is, therefore, a trend which runs counter to this upward mobility.

What does becoming a grandmother at 30 do to the self-concepts of these women? Does it cause them to redefine their identities in a more negative way or does it increase their sense of self-worth? How do they perceive their roles, especially within the context of the changing roles of women?

The data from my study suggest that since some grandmothers are still young women, they, justifiably, should have the opportunity to enjoy life and not be "saddled down" with not only their own children, but their daughter's child or children as well. In response to these changing conditions, increasingly young grandmothers are no longer bound by traditional sanctions. They are refusing to accept the traditional role of the grandmother who acts as the caretaker of the unmarried daughter's children, a phenomenon that is unparalleled in the history of Black people.

The weakening of the extended family ties, the changing roles of women and the worsening of poverty have combined to produce a set of conditions that are very different from any we have previously observed. These young grandparents are now altering their traditional roles to meet new expectations and obligations that are more related to personal fulfillment than altruism. Traditionally, Black grandmothers, without hesitation, assumed at least partial responsibility for the care of their out-of-wedlock grandchildren.

A consequence of the changing role of grandparents is that the teenage mother finds herself increasingly deprived of needed child care and economic assistance. These girls are growing up more isolated than any generation before them. This has tremendous implications which have not yet been reckoned with. Without the support of their parents, without the continued nurturance teenage mothers received from their own mothers in the past, as they nurtured their babies, these girls today are physically isolated and emotionally deprived of the continued socialization they so desperately need. The end result is that many of the children - teenage parents and infants - are growing up with an absence of the traditional supports.

> It is not possible to dismiss these as problems that affect low income Black families. Increasingly, teenagers across socioeconomic and racial lines are becoming parents long before they are emotionally mature and economically self-sufficient to accept this role. Some experts have attributed the problem to relaxed social norms that have evolved out of the last two decades, particularly the influence of the sexually explicit mass media. Teenager parenting, in turn, affects the overall stability of the Black family. (Ladner, 1985, p. 19).

Plan of Action for the Prevention of Black Teenage Pregnancy

Currently, as noted by Phipps-Yonas (1980), a number of forces are in conflict about the "solutions" we should seek, about how we as a society should respond to the problems arising from adolescent childbearing. On the one hand, members of the conservative group call for a return to what they see as the morality and innocence of the past. For them, the answers often lie within a religious framework, in restraining sexual activities outside of marriage.

One approach that is favored by many conservatives is to decrease the "attractiveness" of having a baby by reducing AFDC payments, food stamp programs, and other government subsidies, and by establishing work requirements for unwed mothers receiving public assistance (Fuchs, 1982). As pointed out by Fuchs (1982), such policy changes would probably result in a slight decrease in the number of births to these mothers, but would also mean increasing misery for those babies who would nevertheless be born. It is difficult to imagine administrative mechanisms that would take a hard line on the mothers without also punishing their babies, who surely bear no responsibility for their situation (Fuchs, 1982).

Conservatives view the pregnant adolescent as one in need of services that will most enable her and her child to lead a traditional life, preferably in a nuclear family. Opposed to sex education programs, premarital contraceptive counseling, and abortion, they can cite in their favor the fact that such programs have had little impact on the incidence of teenage pregnancy (Fuchs, 1982; Phipps-Yonas, 1980).

On the other side are the liberals with different agendas, and other secular humanists who call for social reform (Phipps-Yonas, 1980). As intimated above, the line of attack favored by most liberals is to lower the cost of averting birth by making contraceptives and abortions cheaper and more readily available. More sex education in the schools is also suggested (Fuchs, 1982). There seems little doubt that a decrease in the cost of averting births should result in a decrease in their number. The overall effect will not be great, however, if most of the births are desired, as some have argued (Fuchs, 1982).

Despite the ideological conflict, liberals and conservatives seem to agree that prevention of out-of-wedlock teenage pregnancy and support for young mothers and their children should be our focus (Fuchs, 1982; Phipps-Yonas, 1980). The complexity of the problems involved in adolescent childbearing makes it unrealistic to hope for simple solutions. Indeed, prevention has been difficult when there is no single agent to control. We must address the many issues aggressively and creatively from a variety of perspectives (Phipps-Yonas, 1980).

The development of a preventive plan of action requires an understanding of the idea of prevention. Prevention means to keep

something or some event from occurring. Medical and public health officials distinguish between primary, secondary, and tertiary levels of prevention. In this usage, primary prevention can be understood as keeping a thing or event from occurring the first time for the person or population. Secondary prevention means halting, slowing down, or changing a disease or event, and tertiary prevention means rehabilitating the victim after the thing or event has occurred (Baizerman, 1977).

The authors will be concerned primarily with primary prevention as it relates to teenage pregnancy. Jekel (1975) has pointed out that we may approach primary prevention of teenage pregnancy in two ways:

1. **Health Promotion.** General means should be used to improve nutrition, environment, housing, living standards, and education, that is, improve the environment and the way of life, including social and psychological environments. If this is to be achieved, Jekel (1975) believes it will be necessary to keep the problems and solutions ever before society in order that we may have a good chance of gradually influencing attitudes and policies toward school-age parents at the local, state, and national levels.

2. **Special Protection.** The second approach to primary prevention that Jekel (1975) discusses is "specific protection," that is, a technically developed intervention with the capability of preventing a specific disorder. The prototype in disease is the vaccine. Are there specific techniques we can use to prevent first pregnancies among unwed teenagers? In a certain sense, the answer is yes. Contraceptives will prevent pregnancies, and

abortions will prevent live births. But in what context can these be offered? A "special" program for teenagers? Should they be punished? (Jekel, 1975).

The authors agree with Jekel (1975) that we would make one of the better contributions to primary prevention of Black teenage pregnancy by improving the accessibility and quality of basic community services and opportunities for all Black adolescents, male and female. This, of course, requires the removal of discrimination based upon race, sex, or class in all phases of life, and a concerted effort to achieve a better redistribution of income. It would also include efforts to make schooling more relevant and meaningful to Black adolescents. More relevant education would deal with basic aspects of life, such as family life; it would provide career education for both sexes; it would make vocational training and adult education accessible options to Black adolescents; and it would open up employment opportunities (Jekel, 1975).

Our agreement with Jekel (1975) notwithstanding, we think that the best contribution one could make to the primary prevention of Black teenage pregnancy would be to meet their spiritual, intellectual/emotional, and physical needs. This will require, at a minimum, a concerted effort on the part of parents, local community institutions, and the mass media. The principal objective of this collective effort would be to communicate principles that could generate sound convictions in Black children in general, and Black adolescents in particular.

Let us explain. In colloquial terms, we distinguish convictions from beliefs in this manner. A belief is something

for which one will argue, but a conviction is something for which one will die. There is also a vast difference between conformity and conviction. Conformity is merely external, but convictions are internal. Conformity relates to others, but convictions relate to one's self.

We (i.e., parents, societal institutions, and the media) should be teaching our Black children several convictions so that they can internalize them into their own lives (Hendricks, 1985).

First, what are we doing to communicate respect for authority to our Black children? If our children do not respect us at home, they are not likely to respect their teachers at school, the law in our community, or government in any of its forms. Also, they will probably not respect God when He speaks with authority in His word regarding the fulfillment of their spiritual, emotional, and physical needs.

Second, what are we doing to help Black children develop selective friendships? Many times we are either so overly protective of our children that we are afraid to expose them to the realities of the society in which we live, or we are not protective enough and just push them into society without any preparation to deal successfully with its pitfalls. What we need to do is to expose Black children to the realities of society but prepare them for it so they know how to select friends.

Third, what are we teaching our Black children in the area of responsibility? This question is aimed especially at Black parents. How much are your children responsible for in the home? Do they mow the lawn or help clean up around the house? Do they pick up their toys? Every time you pick up your child's toys, you

are creating an irresponsible child. In fact, when we do anything for our children that they are capable of doing for themselves, we are forfeiting one of the greatest opportunities for developing responsibility.

Fourth, what are we doing to help our Black children develop a positive self-image? Are we building up their confidence? Are we helping them to develop the areas in which they are obviously gifted by God? Are we helping them to take their areas of weakness and develop them into areas of strength? To what extent are we communicating to our Black children that we believe in them, that we support them, and while the larger society may let them down, they can count on us?

Fifth, what are we doing to help Black children become giving persons? How giving are we? It is a wonderful thing for Black children to grow up in homes and in a society where we do not just sit in our private sanctuaries and indulge ourselves but are constantly reaching out to other people.

Irrespective of how we may answer these questions regarding convictions, we will do well to remember that convictions are more "caught" than they are taught. And Black children unconsciously pattern their lives after the role models of those around them, and on what they read, see, and hear. While we cannot live without mistakes, we can live consistently and honestly.

Therefore, it would seem that primary prevention means realizing that unwed parenthood will continue to occur at an alarming rate among Black adolescents until they are, from the time of their birth, "trained in the way they should go" by their parents; and until they are integrated meaningfully into the

purpose and work of our society. Moreover, specific prevention efforts by various institutions will be of limited success in the absence of health promotion. Such efforts might even produce more problems unless specific functional substitutes are found (Jekel, 1975).

One such functional substitute has been advanced by Fuchs (1982), who wrote as follows:

> The most positive strategy for reducing the number of births to unmarried women would be to improve the alternatives to early motherhood. It will not be easy to accomplish such an objective, especially if the young woman's home situation is particularly unfavorable. However, an imaginative program that includes change of residence, schooling, counseling, and opportunities to obtain work experiences might be effective. The current cost to society of maintaining an unwed mother and her children is very high and in many cases grows even higher when the children become adolescents. Thus, even a generously funded residential program that put young women on a different life course prior to pregnancy might have lower short-run direct costs and far greater long-run benefits for the women and for society.

Dembitz (1984), a former judge of the New York Family Court, offered another functional approach to prevention of teen pregnancy among Blacks when she stated the following:

> ...None of the programs to reduce the high rate of out-of-wedlock teen-age pregnancy are directed at establishing male responsibility, nor do the courts play an active role, although in many cases the father is guilty of a crime. The Supreme Court recently upheld the law in New York and other states that for a male to have sexual intercourse with a consenting but underage female is a felony, "statutory rape."
>
> To make the paternity proceeding constructive, a pilot project should be tried in the Family Court aimed at finding a sense of responsibility to the teen-age father and deterring him from further aimless procreation. A special probation unit should be funded to aid and monitor him in his schooling, work training and employment. Besides advancing his ability to contribute to his child's support, his duty to report to a probation officer would mean that procreation has a consequence for him as well.

> A new type of effort is also needed for teen-age mothers, to supplement the high school child-care program. Experience has shown that the prospect of a job is sufficient to motivate a lifelong-deprived teen-ager to stay in school. The immediate gratification of a stipend for personal expenses should be available up to the age of 19 for a mother who remains in school, for work training or work without further procreation. Current publicly funded programs connected with teenage parenthood do not directly discourage further pregnancies....

If we are to be successful in preventing or reducing the incidence of Black teenage pregnancy, we must have a plan of action for meeting the spiritual needs, intellectual-emotional needs, and the physical and material needs of Black teenagers. In the opinion of the writers, these needs can be best met through interrelated prevention programs involving the family, local community institutions, and the media. Regardless of the plan of action that one may choose to follow, one must address the many issues concerning Black teenage pregnancy with unfailing commitment and with creativity. What follows now are various plans of action for those who are interested in preventing or lowering the incidence of Black teen pregnancy.

The Family

Before setting forth a plan of action for the family, let us provide an overview of research findings relevant to the development of effective parenting practices and family relationships.

The importance of the family environment, especially of the parents, in determining the psychological and social adjustment of children has long been recognized. However, optimal parenting practices are only gradually being identified. Two characteristics of parenting have received primary

attention--autonomy versus control, and warmth and support versus rejection (Medinnus and Johnson, 1969; Rollins and Thomas, 1979). The importance of a warm and supportive home environment appears obvious and has been widely accepted by child development specialists (e.g., Block, 1971; Rollins and Thomas, 1979). Yet, overinvolvement by parents, as well as rejection, can be damaging (Block, 1971).

Attitudes toward autonomy and control have shifted over time. In the 1930s, autocratic approaches to parenting were popular. In the 1940s and early 1950s, permissive child rearing was advocated, and structure and authority were disparaged (Medinnus and Johnson, 1969). Since then, child development specialists have moved toward an intermediate position. For example, Bronfenbrenner (1961) referred to an optimal level of control related to the age of the child; Medinnus and Johnson (1969) noted that parents must be able to relinquish some control as children grow older; Becker (1964) pointed out that both restrictiveness and permissiveness entail certain risks. Restrictiveness has been found to promote well-controlled, socialized behavior, but it also results in dependence, submissiveness, self-consciousness, and eventually resentment and rebelliousness. Children of permissive parents tend to be independent and self-confident, yet they are also immature, disobedient, defiant, and irresponsible (Bronfenbrenner, 1961; Becker, 1964; Medinnus and Johnson, 1969).

Spock (1980), who has probably influenced more parents than any of his contemporaries, pointed out that the efforts of professionals have complicated the lives of parents. So much attention has been focused on the parenting role that parents are

uncertain about how they should behave. Spock has advocated that rather than being timid and hesitant, parents should present clear, firm limits for their children, providing leadership but not oppression. Forisha (1980) emphasized the importance of firm guidelines while also allowing children freedom in choosing their paths. Choice is necessary for testing oneself, learning one's strengths and limitations, and developing a sense of competence.

Rollins and Thomas (1979) differentiated three methods of control--coercion, love induction, and withdrawal. They suggested that it is not the amount of control parents exert, but the amount within each type that is important. Coercion--which includes physical punishment, deprivation of objects or privileges, and threats of punishment or deprivation--has been consistently related with negative outcomes. As the degree of coercion increases, social competence decreases and social problems, such as antisocial aggression, behavior, and drug abuse, increase. However, use of inductive controls--whereby parents seek voluntary compliance with rules by reasoning with their children--has consistently been related to the development of competence. Data on the effects of the withdrawal of the parents' love have been inconclusive.

Baumrind and Black (1967) recognized the interrelationship of the control and affective dimensions. Authoritarian parents combine high levels of control with relatively little warmth, whereas authoritative parents are controlling and warm. Similar to Rollins and Thomas' inductive parents, Baumrind and Black's authoritative parents maintain high expectations of their child; yet they are also warm, rational, and receptive to the child's

point of view, and encourage independent strivings. The authors' point of view on these matters is more in line with that of Baumrind and Black than with the view of some of the other authors presented in this overview on the family.

Much of the literature on types of parents tends to assume consistency between parents and within a parent from one time to another. Actually, mothers and fathers may disagree, and any parent may vacillate. Lack of consistency has been shown to have a negative impact on the development of children (Block, 1971; Becker, 1964).

The important role of the family, especially parents, in the general development of children and particularly in the children's risk of teen pregnancy points to the need for Black teen pregnancy prevention approaches that focus on the family. The reason for this is that the major cause of teenage rebellion between young people and their parents (which sometimes manifests itself in teen pregnancy) is determined usually by spiritual or moral failure on the part of the parent, especially the father. Put in another way, most conflicts between teenagers and their parents begin when the parents fail to live up to the standards they have established for the family. Whether parents like it or not, their children tend to reproduce their basic life styles. Parents cannot expect their children to rise above the spiritual or moral standards of their own lives. If you as a parent do not want your children to smoke, then you should not smoke. If you as a parent do not want your children to drink or use drugs, then you should not drink or use drugs. If you, as a parent, do not want your children to scream and curse, then you should not scream and curse. If, on

the other hand, you as a parent want your children to be concerned with "right conduct" or its principles, then you must exhibit "right conduct" or its principles. Teenagers will usually rise only to the spiritual or moral level of their parents' lives. While they do not have to be victims of their parents' life style, they usually will be. Therefore, parents need to realize that their children are a product of their own attitudes and actions. Indeed, whatever parents may desire their children to be, they must lead the way by precept and example.

What Can A Parent Do?

Saying there is a need for prevention approaches that focus on the family is one thing. But the crux of the matter is to identify those prevention approaches that have the most promise for the family in terms of preventing teen pregnancy among adolescent Blacks. Irrespective of the approach, the authors think one must focus on both primary and secondary prevention efforts. In regard to the subject at hand, it should be remembered that secondary prevention at the first onset of adolescent parenting, if successful, can be primary prevention of a potential second pregnancy.

Although there is mixed support for this contention, the authors believe that most Black teenagers' problems (and that would include teen pregnancy as well) result from their being hurt by things their parents have said or done to them, or have failed to do for them. Since we believe this is true, we are suggesting that parents must take at least five basic steps of corrective action once they realize that a problem exists between them and their teenager(s). We are suggesting that parents must:

1. **Admit their failures** and seek their teenager's forgiveness for whatever they have done to hurt him/her so deeply as to cause a rebellious attitude on their child's part. Some children will be able to tell their parents exactly what they did, while others will not be sure, but they will know that they are hurt deeply. That hurt must be cleared up before a solution can be reached.

2. **Correct the original cause of hurt** as much as possible and reassure their teenager by their consistent life style that they have really changed for the better. Some young people will forgive their parents immediately; others will tend to wait and see if their parents are really sincere. They have been so deeply hurt that they are afraid to trust anyone. Parents must convince their children by their life sytle that they can be trusted and they do have their children's best interest at heart.

3. **Establish a plan of action by which the family will not function.** Parents must eliminate all double standards or inconsistencies in their own lives. They must be willing to let their teenager tell them what he/she really thinks about life. Parents should talk with their children regularly. They need to be aware of their parents' genuine concern for their dreams and life goals.

4. **Be dependable and consistent.** Once parents begin a new course of action, they should not quit. If the parents give up, so will the teenager. Parents should stick to their plan. They should acknowledge any new mistakes and keep their conscience clear with their teenager at all times, thereby taking away any "excuse" for further rebellion.

5. Live their convictions at all times in their own lives. Parents are the key to changing their teenager. Parents must also recognize that the problem between them and their teenager began at home, in most cases, and that they are as much a part of the problem as they are a part of the solution.

With regard to primary prevention of Black teen pregnancy, it would appear--from the literature reviewed earlier, along with various viewpoints of experienced practitioners in the field--that families who may be characterized as authoritative are more likely to produce children who do not become teen parents than are those families who may be characterized as either neglectful, permissive, or authoritarian. Generally, an authoritative family is one that is high in love and discipline. This type of family has a father that leads his children and shares with them. A father in an authoritative family does more than just "bring home the bacon." He is a leader and a teacher who motivates his children to effective decision-making of their own. He is not afraid to correct them when when they are wrong, nor does he demand behavior of them that he himself is not willing to exemplify. The authoritative father loves his children enough to give them what they need, not just what they want. He enjoys listening to them and helping them with their special projects.

Writing along these same lines, Pannor (1970) has pointed out that:

> Efforts to prevent out-of-wedlock pregnancies must be directed to improving and strengthening family life and it must start by developing in adults and young people alike a better understanding and respect for the father's role in the family. Many unwed fathers come from female-dominated homes or homes in which the father was absent or, if present, failed in assuming his role as head of

> the family. What can fathers do? They can open a communication between themselves and their sons; talk to them, listen to them, and be slow to judge them. They can take them to their job occasionally so that they can see how the father earns his living; to the voting booth so they see how father participates in government; to political conventions and public hearings, or to license bureaus. They can introduce them to some of the problems and responsibilities that parents face, particularly those where the father has a special role in its solution. They can do more with their sons than take them to a ball game. They can create an atmosphere in which their sons will want to come to them and talk about their emerging sexual feelings and experiences.

Multi-Level Community Involvement

While the authors see the family as the primary agent in the prevention of Black teen pregnancy, we believe also that lasting and generalizable changes in lowering the incidence of Black teenage pregnancy can be achieved through interrelated prevention programs involving multiple levels of the community. It is toward this end that our discussion now turns.

First, as Jekel (1975) pointed out, we must make an impact on the community in which we live. The task is not to remove the problem from sight, but rather, working with the teenagers themselves in this effort, to continually keep before the community the needs and problems of young mothers and fathers. That may mean inviting community leaders and media representatives to participate in programs, and having them on boards of directors or serving in an advisory capacity. Programs for Black school-age mothers and fathers cannot afford to be the rug under which the community sweeps the problem.

Second, the authors share Washington's (1982) observation that advocacy on the part of the client and his or her family is a necessary part of intervention with Black teenagers. Washington

(1982) pointed out that this may involve assisting the client or the client's family to negotiate the system to obtain day care services; direct financial assistance; or special school, work, or vocational training placements. Further, she thought that any advocacy role may involve social change and community action to impact upon and effect changes within the systems that provide services.

Washington (1982) pointed out that major Black organizations have a role to play as advocates of the types of services provided by social welfare agencies, including family planning and teen pregnancy programs. According to Washington, these agencies could use the assistance of civil rights and other cultural leaders in eliciting support for agency programs within Black communities and in providing them with greater visibility in these communities. As Washington (1982) pointed out, personalized services provided by warm, receptive staff members who are sensitive to the life situations of their young clients have been found to be some of the keys to adequate service utilization by adolescents. The authors agree with her that Black leaders can help family planning and teen pregnancy programs restructure their staffing patterns, and reshape their services and basic policies for improved effectiveness in Black communities.

Here are other suggestions for the advisory role that Black leaders may play:

Schools - to interpret to personnel the difficulties Black teenagers face in trying to be students as well as parents, and their needs for some flexibility in programming or course work.

Hospitals - to work with administrators to provide teen clinics, open at convenient times and places and staffed by peer counselors, nurses, and doctors sympathetic to Black adolescents.

Realtors - to encourage rental of dwellings to Black teenagers who show a willingness to be cooperative tenants, and are perhaps sponsored by agencies.

Employers - to encourage them to give more jobs to Black teenagers in spite of known or perceived risks, and to offer agency staff for support and, if necessary, mediation between employers and their young employees.

Local, State, and Federal Legislators - to work to change laws that militate against the independent functioning of adolescent parents, especially the young father.

These are just a few suggestions for an advocacy program. The potential lists are long. To be most effective in the area of advocacy, however, efforts should be made to get agencies to work cooperatively. More power and variety are available if a number of agencies offering a multiplicity of services in several geographical zones organize in some fashion (Bemis, et al., 1976).

In addition to being advocates, Black leaders may be of assistance to agencies in developing or reshaping concrete services that may be more appropriate for Black adolescent parents. It has been noted in the literature that the offering of concrete services is one of the best ways to establish an ongoing relationship with teenage parents (Bemis, et al., 1976). One of the primary needs is the development of infant nurseries that give consistent quality care to babies for their first 2 or 2 1/2 years.

Vocational training is another area where agencies might offer service, particularly since the jobless rate among young Blacks is disproportionately high (Capstone, 1983). The following are some of the recommendations that were proposed at a recent National Black Youth Unemployment Conference, held at Howard University in Washington, D.C., for reducing the Black youth jobless rate.

- Immediate creation of more permanent, upwardly mobile jobs for youth. The responsibility of job creation would be placed on the public sector, with assistance from the private sector.
- Creation and maintenance of job training programs providing marketable skills, especially in the "high-tech" areas.
- Development of a national "stay-in-school" campaign, since better education results in better jobs.
- Adoption of New York State's "SAVE" program--Summer Adolescent Vocational Exploration program--which incorporates career education, vocational exploration, and extended counseling with intensive involvement of the private sector, community resources, and local educational agencies.
- Creation of a National Job Bank of Black Youth to be operated by religious institutions. Funding for the program could be obtained from church collections, private foundations in need of tax write-offs, and possible city and state funding, and/or joint funding by various churches and/or denominations. A regularly paid staff would maintain the year-round operation of finding employment for youths 21 years and younger.
- More attention to networking is needed, involving greater contact with and between churches, civic organizations, social groups, and other community entities to help establish priorities to curb unemployment.
- Government subsidies should be given to small businesses to encourage job creation ("Strategies to Reduce," 1983).

Third, those persons interested in preventing adolescent childbearing among Black teenagers should advocate or work for extending the duration of assistance and counseling to them even

if it means some reduction in the intensity of service provided during pregnancy. One of the ways to do this is to encourage human service workers to spend less time giving Black teenagers services themselves and more time helping these teenagers to use available community resources. The reason for this is that these community resources are going to be available to them when the "special" adolescent parenting programs are no longer available. Another way to extend assistance and counseling to Black teenagers is to get the community involved. How, you might ask? Some of the ways this could be done is through peer counseling, private industry participation, and voluntarism.

Peer Counselors

Available literature would suggest that peers do have significant and independent effects on teen sexual and pregnancy risk-taking behaviors. Similar views are held by professionals and contraceptive counselors as well. Therefore, it is only natural that there should be considerable interest in involving teenagers as promoters of contraception among their fellow teens (Kar, et al., 1981). Moreover, Kar, et al. (1981) provide some evidence to suggest that teen advocates (or counselors):

- o are more effective in recruiting harder-to-reach teenagers;
- o can have a large impact on a client's knowledge and attitudes;
- o have a large impact on a client's behavior, as measured by the client's use of contraception at last intercourse and previous pregnancy experience; and
- o may be at least as cost-effective as adult interventions.

Private Industry

One of the better ways to get private industry involved with helping to prevent Black teenage pregnancy is to have their representatives serve on the board of directors or advisory committee of prevention programs. Jekel (1975) gives us the following example:

> ...In one community, the telephone company is one of the biggest long-term assets to the program. Not only is a telephone company executive an active board member, but the telephone company is an important employer of many graduates, and its existence provides hope for a good job and makes the education seem more relevant.

Voluntarism

Assistance and counseling may be extended to Black teenagers through voluntarism as well. This may be done by getting people to tithe their time as opposed to their income. For instance, if a person works a 40-hour week, he/she could donate four hours of time per week on some form of volunteer service that would aid Black teenagers. And the need for such volunteers is endless.

Some human service workers warn that a flood of volunteers would swamp the voluntary agencies. How would these mainly untrained people be organized, they ask, and what would these people do? (Kemper, 1981). According to Kemper (1981), that should be the least of their worries. He pointed out that:

> ...The most effective voluntary health agency in the world, Alcoholics Anonymous, is almost totally unorganized, spends almost no money, provides opportunities for every member to help if he wants to and goes blissfully on its way sobering up thousands of drunks every year while most of the trained professionals in the field are still groping for answers.
>
> I think the concern about too many volunteers is suspect. Professionals in voluntary social agencies are subject to the same defend-our-turf syndrome that afflicts government bureaucrats.

The authors perceive there is a need for people with a variety of training and skills to donate time to social service activities facing cutbacks because of federal budget reductions or for some other reasons. Volunteers can intervene with authorities on behalf of young fathers and mothers; serve as tutors to help Black teenagers stay in or return to school or to achieve a high school general equivalency diploma (G.E.D.); staff telephone hotlines; drive an outpatient to a hospital or clinic; or help out at a day care center. The list of outreach needs goes on and on. It should be pointed out that most volunteer service requires little training, but much heart.

Fourth, the authors would suggest that a given program for Black adolescent parents be made an integral part of the work and budget of one or more established community agencies, such as the school system, health department, hospital, social service agency, and the like. The hand-to-mouth funding and makeshift programming for Black adolescent parents must be changed into the security and strength of the basic agencies. This is also a part of making an impact on the community. The basic financial source, we believe, must be local, for that is the only way to keep the problem meaningfully before the community. When the community is committed to a program, the funding for that program will be secure (Jekel, 1975).

Fifth, the authors believe that experimentation in various program approaches to preventing Black teenage pregnancy must continue and that one cannot let a standard program model become entrenched. But experimentation is not of value unless it is accompanied by evaluation, so one may know which experiments are

worth extending elsewhere. A field without evaluation and basic research cannot advance.

Sixth, the authors believe that the meaning of primary prevention of Black teenage pregnancies should be rethought. If teenage pregnancy is in anyway attributable to the desire of some adolescents to gratify basic, but unmet, needs, then we should be fairly certain that Black youth in our society have acceptable functional substitutes for satisfying those needs by some means other than becoming young parents. This, we think, will not happen in the absence of an improvement in the relevance and quality of family life and education and better employment opportunities for young people.

The Schools

The role of schools can be vital in preventing Black teen pregnancy as well. "Authoritative guidance" is an important concept for meeting part of this challenge. This principle is related to some of the attributes of effective schools and successful youth employment programs: support, structure, close interpersonal relationships, strong leadership, and high expectations for client achievement (Edmonds, 1979; Foley and McConnaughy, 1982). A high school principal in a poor area of a Texas metropolis described his direct approach, "Every child in this school must complete four hours of homework every night. These are bright children, and we are obligated to make sure that they learn." His school is highly structured, disciplined, and goal-oriented. Improved test scores, attendance, and college admission rates are evidence that his brand of "tough love" is beginning to take effect (Dryfoos, 1985).

Religious Sector Involvement

In the nation's capital, the Mayor's Blue Ribbon Panel for the Prevention of Teenage Pregnancy has pointed out that the church's primary responsibility is to respond to issues of morality. While the authors would agree that the church must be concerned with issues of morality, we do not view this as the church's main responsibility. For us, the church's primary responsibility is to promote the spiritual growth and development of its members to the end that they may be victors and overcomers in their day-to-day life activities. Thus, we agree wholeheartedly with the Panel's recommendation that the church promote spiritual values in family life.

With all due respect to the religious persuasions of others, we think that one of the better ways that this recommendation can be manifested is to apply God's answer to rearing children. Those pastors and teachers who know their Bible will agree readily that the Bible is filled with advice about rearing children. Perhaps it is time that ministers of the gospel begin to teach what the Bible says; and perhaps it is time the parents begin to heed their teaching. Both the minister and the parents need not fear what will happen to the child as a result of teaching what the Bible has to say about rearing children, because Psalms 103:17-18 promises, "the mercy of the Lord is from everlasting to everlasting upon them that fear Him, and His righteousness unto children's children; to such as keep His covenant, and to those who remember His commandments to do them." Here is a promise to our children and to our grandchildren. But one must be fully

obedient to God's Word to make the promise work. The more parents obey God, the more those parents' children will obey them.

The key to effective child discipline is always the parent, not the child. Parents must be willing to discipline themselves to teach and discipline their children consistently. Discipline is not just punishment, nor is it merely scolding. Instead, it is the complete application of corrective behaviors in a disobedient child. Discipline never succeeds until it becomes correction.

When parents do not balance their discipline with scriptural instruction, they will ultimately provoke their children to rebellion (which may take the form of teenage pregnancy). A parent's discipline cannot be based upon personal opinion--the teenager will always challenge this. Instruction is the foundation of discipline and it must be based upon the Word of God.

The goal of discipline is correction. Any discipline that falls short of correcting the child's attitudes and actions is not correction, it is only a half-hearted attempt. Discipline cannot be given by mouth. When parents find themselves trying to correct their children with shouting, they are failing. This is why the Bible clearly emphasizes: "Spare the Rod, Spoil the Child."

For the past two decades, psychologists have told parents not to spank their children. The result has been the most rebellious and irresponsible generation of young people who have ever lived in America. Now those same psychologists are saying that we ought to spank our children as a means of disciplining them. Let the admonition of scripture stand. "Foolishness is bound in the heart

of a child: But the rod of correction shall drive it far from him" (Proverbs 22:14).

God has promised to bless our families. He will keep His promise to us, for He is not a man that He should lie (Numbers (23:19). Proper discipline of one's children begins by disciplining one's own life. The Bible declares: "He that soweth iniquity shall reap vanity; and the rod of his anger shall fail" (Proverbs 22: 8). The moral here is that one should not be guilty of sowing sin in one's own family because one will inevitably reap it in one's children. Therefore, we say to parents, sow righteousness and reap eternal blessings in the lives of your children.

Men and Teenage Pregnancy Prevention

As it has been pointed out by the Mayor's Blue Ribbon Panel for the Prevention of Teenage Pregnancy of Washington, D.C., "men" and "teen pregnancy" are phrases few people use together. When one thinks of teen pregnancy, one usually thinks of young women. When one thinks of contraception, one usually thinks of women also. However, the male is also involved in each of these processes. Just as it takes two people--a male and a female--to create a pregnancy, it also will take two to prevent one. As Elster and Panzarine (1981) have pointed out, multiple benef s can occur when the father of the baby is included in the clinical services provided to adolescent mothers. Pannor et al., (1971) found that when the boyfriends were involved, the unwed mothers reported they felt less fear of desertion, were more confident in their decision regarding the outcome of the pregnancy, and were better able to discuss their future plans. To this list must be

added the desirability of trying to meet the needs of young men by providing them with counseling which will assist them in coping with the stresses surrounding pregnancy and prospective parenthood. They can also benefit from counseling which will provide them with information on how to prevent future, unwanted pregnancies.

One of the more successful secondary prevention programs for teen fathers is run by Charles Ballard of Cleveland, Ohio. His success in working with adolescent fathers may be attributed to three major categories of goals and objectives (Abels and Ballard, 1985). He described them as follows:

> The major objective included the recruitment of unmarried teen fathers, with the purpose of encouraging and supporting them in maintaining positive relationships with the partner and the child. Activities in this area included teaching of child-and-spouse-caring skills, sex education and family planning. These were carried out through individual and group meetings with the teen fathers, joint meetings with both partners, and arrangements for fathers to spend time with their babies at the Center. Additional aspects of the program included education through meetings in local area schools and institutions. The Center, though structured as a drop-in lounge, study and recreation center, was outreach-oriented.
>
> A second goal was the provision of health-related services to the pregnant adolescent, or the adolescent mother. These services included health exams, family planning, health education and referral services. Examinations were part of a once a week medical check-up service offered to adolescent women at the Center. This also served as an important recruitment source for fathers.
>
> The third goal was to provide education and training motivation, self-esteem and self-actualization. This was done primarily through individual contacts, small groups and through meetings at local churches and schools. A peer counseling program was also initiated.

With regard to primary prevention from the male standpoint, it has been pointed out that there is a need to provide services that focus on the special needs of teen fathers. These services,

which could be provided through existing programs or through the creation of new ones should focus on a variety of activities and issues, including spiritual growth and development; male responsibility; sex education; rap sessions; parenting skills; life planning services that would deal with effective development, ego enhancement and self-mage; and job training and placement (Final Report, Mayor's Blue Ribbon Panel, 1985).

In addition, the Alpha Phi Alpha Fraternity, Inc., through Project Alpha, and the Sigma Gamma Rho Sorority, Inc., through Project Reassurance, have been helping to stem the tide of Black teen pregnancy. Project Alpha is a voluntary national collaborative effort between Alpha Phi Alpha Fraternity, Inc. and the March of Dimes Birth Defects Foundation aimed at involving Afro-American males in addressing the problem of teen pregnancy. In each city where the program operates, it is planned, implemented, evaluated, and monitored by volunteers from local public and private organizations which the chapter enlists. The primary program components are: knowledge building through the provision of factual information about human reproduction and development by technical experts; motivation--a focus on achieving one's goals; and community action planning--information and public education advocacy among Black men. The program builds upon previously demonstrated leadership abilities of young men who will be able to share with their peers the information gained through participation in Project Alpha. Project Reassurance, on the other hand, provides health information to young people to encourage healthy habits throughout both the teen years and adulthood. Major areas of focus include nutrition, the prevention of

malnutrition during adolescent pregnancy, education about sickle cell anemia, and genetic testing and counseling. Information about drug abuse and venereal disease is also provided to young parents and their families. (See Appendix A for a more detailed account of some casework aids in reaching and working with unmarried fathers.)

The Media

The role of the media can be vital in promoting and reinforcing positive health behavior change, specifically in regard to the onset and prevention of Black teenage pregnancy. For example, the combination of media, family, and school-based prevention strategies based upon social learning theory might equip young Black males and females with generalizable assertiveness skills which would allow them to resist peer pressure to engage in pre-marital sex. Moreover, the media can increase public awareness of Black teenage pregnancy problems, promote organizational involvement in preventing teen pregnancy among Black youths, and encourage change in relevant attitudes and health behaviors of Black teens residing within a given community.

The National Urban League, which has understood the importance of the media's influence, has begun an anti-pregnancy campaign aimed at young men that deserves the widest support. The arresting advertisements for the League's Male Responsibility Campaign say:

NOT ALL BROTHERS SHOULD BE FATHERS;
BE CAREFUL. BE RESPONSIBLE.

Being a father is a lot more than just making a baby. And if you really want to know how a real man handles sex and deals with being a father, call or stop by your local Urban League Office

---

DON'T MAKE A BABY
IF YOU CAN'T BE A
FATHER

A one-minute musical version of this ad will go to radio stations. The campaign reflects the League's concern about what John Jacobs, its president, calls an "epidemic problem." In his view, the problem of teenage pregnancy has the potential to nullify virtually all the gains made by Blacks in the last quarter century. It is imperative, Mr. Jacobs says, "to speak frankly to our young Black males and tell them that being a teenage father does not make you a man." Ideally, that kind of message ought to pass from a father to his son privately, but the campaign recognizes the "father deficit." Too many Black children already grow up without male role models ("Fatherhood and Manhood," New York Times, April 21, 1985, p. 20E).

Without question, various types of media, especially television, probably reach more people than any other institution in this country. What young people hear, see, and read to a large extent determine what they think; and what they think determines what they will do. If the media influences individuals as we believe, then the media should also bear some responsibility for

providing information to our Black youth that also will help them to make responsible decisions about their lives.

Currently, it is thought that the commercialization of sex influences the actions of Black youth; and this can be detrimental to them in determining their life goals. "Turning on" to the sexual innuendos of the media does not give young Blacks the idea that sexual involvement bears certain responsibilities. The media have to be an integral part of any Black teenage pregnancy programs because of their pervasive and persuasive nature (Final Report/Mayor's Blue Ribbon Panel, 1985).

Therefore, we are recommending, along with the Mayor's Blue Ribbon Panel for the Prevention of Teenage Pregnancy, that those concerned with the prevention of Black teenage pregnancy:

- Seek to increase the usage of public service announcements and public affairs programming for the purpose of educating the community on the strategies for teaching teen pregnancy prevention, including the rights and responsibilities of male adolescents.

- Encourage alternative programming by the local and national media by requesting that on-air personalities refrain from programming suggestive materials. To this end, important public figures and concerned citizens could lead a "clean up the airwaves" campaign that would make a personal appeal to radio and TV station managers, disc jockeys, program directors, and recording industry representatives to enlist their support in developing alternative or more discreet programming.

- Develop video tape cassettes that would provide information on adult parent-teen communications, the rights and responsibilities of males, and Black teenage pregnancy prevention. These cassettes should be available to all groups which are interested in preventing Black teenage pregnancy.

These recommendations notwithstanding, it has been suggested in the literature that a media campaign is a necessary but insufficient part of any teenage pregnancy prevention effort.

Blacks need to be educated about the risk factors associated with Black teenage pregnancy. Studies indicate that such campaigns should have simple, accurate, nonsensational messages presented over a long period of time. The messages should be presented in a language and style suited to the particular Black community to which they are directed. Furthermore, such campaigns should be aimed at the whole community, not just the population at risk.

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APPENDIX A

SOME CASEWORK AIDS IN REACHING AND WORKING WITH UNMARRIED FATHERS

SOME CASEWORK AIDS IN REACHING AND WORKING WITH UNMARRIED FATHERS

by

Ruben Pannor
Vista Del Mar Child-Care Service

SOME CASEWORK AIDS IN REACHING AND WORKING WITH UNMARRIED FATHERS

I. **Some General Principles:**

A. An awareness on the part of the social worker of his own attitudes, knowledge, beliefs and prejudices regarding the possibilities and importance of involving the unwed father.

B. Constructive involvement of the unmarried father begins with a conviction that the unmarried mother should be helped to involve the man in the effort of the agency on their behalf.

C. The recognition of the ambivalence in the attitudes of each to the other enables the caseworkers to utilize the positive aspect of the relationship between the unmarried father as well as in ongoing casework with both.

D. The first contact of the social worker with the unmarried father is of extreme importance as here the social worker demonstrates his acceptance of the man as a person in his own right.

E. The social worker must be prepared to introduce the concept that self-help comes through facing the situation rather than running from it and that this represents a healthier, more mature approach. The initiative in spelling out how this may be accomplished is taken by the social worker.

II. **Assertive Approaches in Reaching Unwed Fathers:**

A. Initial efforts are made by the caseworker working with the unmarried mother to encourage her to explain to the unmarried father why the agency wishes to see him, and to call for an appointment. Early in our contacts with the unmarried mother, she is introduced to the male caseworker who will be working with the unmarried father. This can allay the unmarried mother's anxiety and help to explain to the unmarried father why the agency wishes to see him.

B. If the unmarried father does not respond to this approach, the caseworker attempts to reach the unmarried father by telephone. If the unmarried father is contacted, any or all of the following areas are stressed by the social worker.

a. The call is not from a legal agency or arm of the law, but from a social agency -- emphasizing the role of the social agency.

b. The agency worker does not have preconceived ideas regarding solutions but will assist in exploring all alternatives.

c. The unmarried father's predicament requires help which the agency with its body of knowledge and experience can provide.

d. An out-of-wedlock pregnancy is serious and carries with it long-range implications for the unmaried father, the child and the unmarried mother.

e. Importance of the unmarried father's role in the solution of the problem of supporting the unmarried mother, who is already coming to the agency for help, is stressed.

f. Legal implications, such as statutory rape, etc. may have to be explained at the worker's discretion, to impress upon the unmarried father the importance of making an appointment with the agency.

C. Follow-up: The first appointment should be made immediately following the establishment of contact with the boy. Following the first interview, a telephone call to the putative father is helpful in relieving anxiety that may build up following the first interview, and to counteract the advice of well-meaning friends who might urge the putative father not to continue with the agency. A telephone call of this nature can be very reassuring to the putative father. A reminder of the next appointment is helpful and can be made by phone or letter. The second appointment should be made no later than a week following the first contact, if possible.

D. Where telephone calls and letters are not sufficient, a telegram or night letter may need to be sent to the putative father. It may also be necessary to contact his parents and involve them before the putative father is seen.

III. Helping the Unmarried Mother and Her Family Accept Involving the Unwed Father:

A. Joint sessions with the unmarried mother and her family and caseworkers for the unwed mother and unwed father are arranged. This is a valuable approach with those cases in which the unmarried mother and her parents do not understand the purposes for seeing the unwed father, or are opposed to his being involved.

B. Some of the benefits of such an approach may be:

1. Seeing both the male and female caseworkers brings forth realistically the fact that two people, an unwed mother and unwed father, were involved.

2. It makes possible a clarification of agency objectives.

3. It demonstrates the joint cooperative, integrated approach.

4. It helps the caseworkers see the situation in its totality.

5. It demonstrates validly and dramatically for parents of the girl, and the girl, the fact that both the unwed father and unwed mother are taking equal responsibility.

6. It takes the problem out of the realm of fantasy and places it in a reality context for all concerned.

C. In working with parents who are particularly resistive, the following is pointed out to them, in addition to what is described above:

1. Seeing the unwed father takes the onus of total responsibility off the girl and permits it to be shared by the unwed father.

2. Handling the relationship and feelings between the unmarried mother and the unmarried father is better accomplished in the open with the helping controls given by the professional staff involved.

3. Involving the unwed father provides a better and more wholesome opportunity for helping the girl resolve her feelings.

4. Involving the unwed father makes possible a better decision about the future of the baby.

5. Involving the unwed father makes it possible to more thoroughly discuss and help the girl with future planning.

IV. Specific areas in which the unwed father can help and where the agency will also be providing help through its services. These are spelled out to the unwed father initially and taken up at appropriate times during ongoing casework sessions.

A. Standing by the unmarried mother, which lends some dignity to the relationship and is of extreme importance to her.

B. Participating in planning for the child.

C. Meeting financial responsibility.

D. Examining life problems revealed by this predicament.

E. Recognizing the meaning and responsibilities of marriage and parenthood.

F. Attitude about getting help from the agency.

G. Attitude toward the unmarried mother.

H. Attitude about sex.

I. Meaning of sexual relations.

J. Attitude about fatherhood which may include his seeing the child.

V. Work with parents:

Generally, we try to improve direct communications between the people concerned rather than to have the social worker carry messages from one to the other. We do not attempt to take over the role of parents. Rather, where teenagers are concerned, we try to help the parents carry out their role with their children, pointing out their obligation to examine clearly the implications of the problem and the alternative solutions.

We encourage parents to state clearly what they will or will not be able to do in the situation:

1. How much money they will spend in providing medical care and living arrangements.

2. How much support they will give should the teenagers marry.

3. Whether they would want to take a child born out-of-wedlock into their home and rear him.

This clarification has the following results:

1. It helps the parents take a definite position with undue guilt.

2. It clarifies for the youngsters what their parents are feeling and what help they are prepared to give.

For the social workers, it further defines the reality which they are to present to the teenagers as they work toward resolving their problems.

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